



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Enforcement Division

P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5600 • (800) 803-9202 • fax (512) 539-5698

Web site: www.tdlr.texas.gov

March 7, 2017

ROBIN RABENSCHLAG
5450 ROWLEY APT 214
SAN ANTONIO TX 78240 4705

Subject: Robin J. Rabenschlag (Respondent), Case Number: MID20170010089

Dear Ms. Rabenschlag:

The Texas Department of Licensing and Regulation (Department) has concluded its investigation of the above-referenced case number. From the results of the investigation, it does not appear that there is sufficient evidence to establish that there was a violation of the Texas Midwifery Law or Rules.

At any hearing in which the Department seeks a sanction or penalty against a licensee or other individual, the burden is on the Department to prove that the licensee or individual committed a violation of the law or rules in place at the time of the alleged violation. We do not believe the evidence in this instance is sufficient to establish a violation was committed. Therefore, I am closing this case with no further action.

Any questions regarding this case should be addressed to Jacqueline R. Revilla, Legal Assistant, Enforcement Division at (512) 539-5597 or e-mail Jackie.Revilla@tdlr.texas.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Charlotte R. Melder", with a stylized, flowing script.

Charlotte R. Melder
Senior Prosecutor
Enforcement Division

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COMPLAINT FORM

Mail To:
**TEXAS DEPARTMENT OF LICENSING AND
 REGULATION**
ENFORCEMENT DIVISION
P.O. BOX 12157 • AUSTIN, TEXAS 78711
(800) 803-9202 • (512) 539-5600
FAX 512-539-5698

Date Received:
(For Department Use Only)

Notice

Under the Texas Public Information Act, the complainant's identity is not confidential. In the event your complaint is opened for investigation, enforcement procedures require a copy of the complaint and all associated documentation be forwarded to the Respondent including your name and contact information.

A. You, as the complaining party: (If you wish to file your complaint anonymously to ensure your identity is not revealed, you must leave this section blank. If you file your complaint anonymously you will not receive case status updates.)

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Work Phone: _____

Home Phone: _____

Fax: _____

E-Mail: _____

Contact from the Department will be via e-mail if you provide an e-mail address

B. Would you be willing to testify if this case goes to a hearing? Yes ☐ No ☐

C. The person, firm, building or facility you are complaining about (Respondent):

Name: Robin Rabenschlag, LM, CPM

Company or Facility Name: Birth center Stone Oak

Physical Address: 21708 Hardy Oak Suite 102

City: San Antonio State: TX Zip: 78258

Mailing Address (if different than above): n/a

City: _____ State: _____ Zip: _____

Telephone numbers: Office - 210-481-7549 Fax -

E-mail: info@birthcenterstoneoak.com

License or Registration Number: _____

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D. Explanation: Describe your complaint in detail. Include dates, names, locations, type of service provided by respondent and events leading to you filing this complaint. If the space provided below is not adequate, you may attach additional pages. Please include with your complaint, any documentation regarding your complaint.

If you are filing your complaint anonymously it is important that you include any associated documentation (making sure you have removed your name from all documentation). If the information provided with your complaint does not contain enough information for the Department to believe a violation may have occurred, your complaint may not be opened for investigation.

Admit to St Lukes 11/17/405

[redacted] was a patient that was treated at the Birth Center Stone Oak. [redacted] was pregnant with twins. [redacted] was delivered via vaginal birth in vertex position with baby A. The midwives at the birthing center tried to turn the second fetus that was breech by doing a version without monitoring fetus or having an emergency cesarean room available. The midwives also tried to turn the fetus via the vagina in the uterus. They could not deliver the second fetus so seven hours later after the first twin was delivered, [redacted] was sent completely and in labor with a breech presentation fetus via private vehicle to a hospital where the fetus could be delivered via cesarean section.

SIGNATURE BLOCK

Signature of the complaining party

Date

By a medical doctor

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